

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

Last Name	First Name and Middle Initial	New Employee Report Date of Employment (mm/dd/yy):	Senate Office / Agency in Which Employed
Fiegen	Thomas L.		
Senate/Candidate Office Address (Number, Street, City, State, and ZIP)	Senate/Candidate Office Telephone No.	Candidate Report Commencement of Candidacy (mm/dd/yy):	State in which you are a candidate
P.O. Box 279, Clarence, IA 52216	(319) 431-1668	8/14/09	

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

	YES	NO		YES	NO
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete and Attach PART IIIA and/or IIIB.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response.

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)			FOR OFFICIAL USE ONLY Do Not Write Below this Line <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> SECRETARY OF THE SENATE 09 SEP 15 PM 12:46 </div>
Certification <i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>	Signature of Reporting Individual <div style="background-color: black; width: 100%; height: 40px;"></div>	Date (Month, Day, Year) <div style="text-align: center; font-size: 1.5em;">9/9/09</div>	
For Official Use Only - Do Not Write Below This Line			
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official <div style="background-color: black; width: 100%; height: 40px;"></div>	Date (Month, Day, Year) <div style="background-color: black; width: 100%; height: 40px;"></div>	

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Reporting Individual's Name

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC <i>Example</i>	Salary <i>Example</i>	\$15,000
	MCI (Spouse)	Arlington, VA <i>Example</i>	Salary <i>Example</i>	Over \$1,000
1	Fiegen Law Firm. P.C.	1935 First Avenue, SE, Cedar Rapids, IA	Salary	\$56,000
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Reporting Individual's Name				PART VII. LIABILITIES												Page Number					
Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.				Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)														
Name of Creditor		Address					Type of Liability		\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		
S, Example: DC, or J		First District Bank (J) John Jones		Wash., DC Wash., DC		Mortgage on undeveloped land Promissory Note		1991	13%	25yrs			X		E	X	A	M	P	L	E
						1999	10%	On dmd				X	E	X	A	M	P	L	E		
1	S	Sallie Mae		Wilkes Barre, PA		Student loan		1989	9%			X									
2	DC	US Dept Ed		Atlanta, GA		Student loans		2008			X										
3	DC	Direct Fed Student Loan		Atlanta, GA		Student loans		2005				X									
4	DC	Iowa Student Loan		West Des Moines, IA		Student loans		2005			X										
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. ☐
 *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name	PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT	Page Number
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Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY, NY EXAMPLE	Non-profit education	President	6 / 90	Present
	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7 / 95	11 / 0X
1	Fiagen Law Firm, P.C.	Cedar Rapids, IA	Law Firm	President/Shareholder	9/96	Present
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Compensation in excess of \$200 from any position must be reported in Part II.

Reporting Individual's Name	PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	Page Number
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FIRST TIME FILERS ONLY:

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

	Name of Source	Address of Source	Brief Description of Duties
	<i>Example: Jones & Smith</i>	<i>Hometown, TX</i>	<i>Legal Services</i> EXAMPLE
	<i>Metro University (client of Jones & Smith)</i>	<i>Moneytown, USA</i>	<i>Legal Services in connection with university construction</i> EXAMPLE
1	Arihant, Inc.	Cedar Rapids, IA	Legal Services
2	Kathryn Bigelow	Solon, IA	Legal Services
3	Eugene Bronner	Cresco, IA	Legal Services
4	Land Ho of Cedar Rapids, LLC	Cedar Rapids, IA	Legal Services
5	David & Vicky LeClere	Central City, IA	Legal Services
6	Quality Overhead Door of Rochester, Inc.	Rochester, MN	Legal Services
7	Pat & Cerina Wade	Coralville, IA	Legal Services
8	Craig & Laurie Wenger	Cedar Rapids, IA	Legal Services
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